Case 15-18029-ref Doc 25 Filed 10/05/16 Entered 10/05/16 14:25:14 Desc Main Fill in this information to identify your case: Debtor 1 Robin Joy McNeely Middle Name First Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA, READING DIVISION Case number 15-18029 (if known) Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known) 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column A Column B Column C 2. List all secured claims, if a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral Unsecured much as possible, list the claims in alphabetical order according to the creditor 's name. Do not deduct the that supports this portion value of collateral. claim If any Describe the property that secures the claim: Bank of America \$139,934.24 \$130,000.00 \$9,934,24 Creditor's Name 942 Nittany Ct, Allentown, PA 18104-3463 As of the date you file, the claim is: Check all that PO Box 982235 apply. El Paso, TX 79998-2235 ☐ Contingent Number, Street, City, State & Zip Code Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. ■ Debtor 1 only An agreement you made (such as mortgage or secured Debtor 2 only Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit ☐ Check if this claim relates to a ☐ Other (including a right to offset) community debt Date debt was incurred 2012 Last 4 digits of account number Cedar Creek Farm 2.2 \$7,000.00 \$130,000.00 \$7,000.00 Condominium Assoc. Describe the property that secures the claim: Creditor's Name 942 Nittany Ct. Allentown, PA 18104-3463 3140 B Tilghman St Ste As of the date you file, the claim is: Check all that Allentown, PA 18104 ☐ Contingent Number, Street, City, State & Zip Code ☐ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only

community debt

Date debt was incurred

Check if this claim relates to a

At least one of the debtors and another

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

Other (including a right to offset)

Last 4 digits of account number

Condominium Fees

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Debtor	1 Robin Joy M	lcNeely		Case number (fknow)	15-18029
****************	First Name	Middle Name	Last Name		
if this is	production of the second of the second	entries in Column A on th ur form, add the dollar valu	is page. Write that number here: ie totals from all pages.	\$146,934.2 \$146,934.2	<del></del>
Part 2:	List Others to B	e Notified for a Debt Th	at You Already Listed		
trying to than on	o collect from you fo e creditor for any of	r a debt you owe to some	one else, list the creditor in Part 1	, and then list the collection agen	r example, if a collection agency is cy here. Similarly, if you have more onal persons to be notified for any
		t, City, State & Zip Code		On which line in Part 1 did you ente	er the creditor? 2.1
•	KML Law Group 6701 Market St S	Ste 5000		Last 4 digits of account number	_
E	Philadelphia, P <i>A</i>	\ 19106			

Case 15-18029-ref Doc 25 Filed 10/05/16 Entered 10/05/16 14:25:14 Desc Main Page 3 of 12 Document Fill in this information to identify your case: Debtor 1 Robin Joy McNeely First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA, READING DIVISION Case number 15-18029 (if known) Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part Total claim 4.1 Ashley Furniture/Synchrony Bank Last 4 digits of account number 0315 \$510.42 Nonpriority Creditor's Name When was the debt incurred? 2014 PO Box 960061 Orlando, FL 32896-0061 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card Debt

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4.2	Best Buy	Last 4 digits of account number 3215	\$76.82
	Nonpriority Creditor's Name	When was the debt incurred? 2015	· <del></del>
	PO Box 30253 Salt Lake City, UT 84130-0253 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts  ■ Other. Specify  Credit Card Debt	
$\overline{}$			
4.3	Bonton Normalis Conditions	Last 4 digits of account number 1342	\$759.01
	Nonpriority Creditor's Name	When was the debt incurred? 2014-2015	
	3100 Easton Square PI Columbus, OH 43219-6232  Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card Debt	
4.4	Care Credit/Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number 8717	\$111.81
	PO Box 960061	When was the debt incurred? 2015	
,	Orlando, FL 32896-0061  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check If this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card Debt	

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4.5	CH Hospital	Last 4 digits of account number 3305	\$144.71
	Nonpriority Creditor's Name PO Box 826348	When was the debt incurred? 05/2016	
	Philadelphia, PA 19182-6348		
	Number Street City State Zlp Code Who Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Services	
4.6	CHS Professional	Last 4 digits of account number 3584	\$10.96
	Nonpriority Creditor's Name	When was the debt incurred? 05/2016	
	2775 Schoenersville Rd	00,2010	
	Bethlehem, PA 18017-7307	-	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	П о	
	Debtor 2 only	☐ Contingent	
	Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not	
	No	report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	Yes		
	Li Yes	Other. Specify Medical Services	
4.7	Discover Nonpriority Creditor's Name	Last 4 digits of account number 1827	\$9,175.55
	•	When was the debt incurred? 2010-2015	
	PO Box 15316		
	Wilmington, DE 19850-5316  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	rio of the date you me, the orani io. Oncor all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other Specify Credit Card Debt	

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4.8	Health Network Laboratories Nonpriority Creditor's Name	Last 4 digits of account number	2588	\$37.65
	401 N 17th St Ste 108 Allentown, PA 18104-5049	When was the debt incurred?	05/2016	
	Number Street City State Zlp Code Who Incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? ■ No □ Yes	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin ☐ Other. Specify Medical Se	ration agreement or divorce that you did not g plans, and other similar debts	
		Other. Specify	rvices	
4.9	JC Penny Nonpriority Creditor's Name	Last 4 digits of account number	5151	\$1,502.82
	PO Box 965007 Orlando, FL 32896-5007 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred?  As of the date you file, the claim i	2014-2015 s: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated	,	
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured	ا مامام	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community	Student loans	i ciaim:	
	debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card	Debt	
4.10	Kohis Nonpriority Creditor's Name	Last 4 digits of account number	1883	\$717.40
	PO Box 3115	When was the debt incurred?	2011-2015	
	Milwaukee, WI 53201-3115  Number Street City State Zip Code  Who Incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community debt	Student loans		
	ls the claim subject to offset?	L.I Obligations arising out of a separ report as priority claims	ation agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	plans, and other similar debts	
	□Yes	Other. Specify Credit Card	Debt	

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4.11	Lehigh Valley FCU	Last 4 digits of account number 6464	\$4,025.10
	Nonpriority Creditor's Name	When was the debt incurred? 2011-2015	
	PO Box 4519	2011-2010	
	Carol Stream, IL 60197-4519  Number Street City State Zip Code	An of the date year file the slates for Obest all that year	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card Debt	
_			
4.12	Lehigh Valley Health Network Nonpriority Creditor's Name	Last 4 digits of account number 1600	\$1,174.90
	Nonphority Creditors Name	When was the debt incurred? 2015	
	2100 Mack Blvd FI 4		
	Allentown, PA 18103-5622  Number Street City State Zip Code	An of the date year file the plains by Obert all that each	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Services	
4 12	Manua	Last deligities of account growth as a DACO	<b>*</b> 4 040 00
4.13	Macy's Nonpriority Creditor's Name	Last 4 digits of account number 9168	\$1,619.39
		When was the debt incurred? 2014-2015	
	PO Box 8218 Mason, OH 45040-8218		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card Debt	

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4.14	New York & Co./Comenity  Nonpriority Creditor's Name	Last 4 digits of account number 5879	\$60.99
	PO Box 659728 San Antonio, TX 78265-9728	When was the debt incurred? 2015	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No ☐ Yes	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	Li Tes	Other. Specify Credit Card Debt	
4.15	PNC Bank Nonpriority Creditor's Name	Last 4 digits of account number	\$12,348.73
	2730 Liberty Ave Pittsburgh, PA 15222-4704 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred? 2010-2015  As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed  Type of NONPRIORITY unsecured claim:  ☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Credit Card Debt	
4.16	Progressive Physician Nonpriority Creditor's Name  1648 Hamilton St Ste 2	Last 4 digits of account number 0099  When was the debt incurred? 06/2016	\$50.52
	Allentown, PA 18102-5054  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<b>■</b> No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical Services	

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4.17	St. Luke's Endocrinology  Nonpriority Creditor's Name	Last 4 digits of account number	7183	\$692.76
	3701 Corporate Pkwy Ste 130B Center Valley, PA 18034-8230	When was the debt incurred?	02/2016	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical Se	ervices	
4.18	St. Luke's Hospital Bethlehem Campus	Last 4 digits of account number	0188	\$900.00
	Nonpriority Creditor's Name	When was the debt incurred?	2013-2015	
	PO Box 8187P Philadelphia, PA 19178-8187			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	Continues.		
	Debtor 2 only	☐ Contingent		
	Debtor 2 only  Debtor 1 and Debtor 2 only	Unliquidated		
	At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured	f claim:	
		Student loans	r Gianni,	
	Check if this claim is for a community debt  Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that you did not	
	No	report as priority claims  Debts to pension or profit-sharin	a plane, and other circular debte	
	□ Yes	Other. Specify Medical Se		
		— Other, Specify		
4.19	St. Luke's Neurology Associates  Nonpriority Creditor's Name	Last 4 digits of account number	6454	\$61.30
	, ,	When was the debt incurred?	05/2016	
	1417 8th Ave		-	
	Bethlehem, PA 18018-2256  Number Street City State Zlp Code	As of the date you file, the claim is	e: Chack all that apply	
	Who incurred the debt? Check one.	As of the date you me, the Gamin	s. Officer all trial apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	plans, and other similar debts	
	☐ Yes	Other. Specify Medical Se		

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4.20	St. Luke's Perinatology	Last 4 digits of account number 1317	\$370.00
	Nonpriority Creditor's Name	When your the daht incomed 0 00,0040	
	1837 W Linden St	When was the debt incurred? 06/2016	
	Allentown, PA 18104-5633		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical Services	
4.21	St. Luke's Physician Group	Last 4 digits of account number 8398	\$845.91
	Nonpriority Creditor's Name	<u></u>	40-10101
	DO D 0505	When was the debt incurred? 2016	
	PO Box 2587 Salt Lake City, UT 84110-2587		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	·	
	At least one of the debtors and another	L.I Disputed  Type of NONPRIORITY unsecured claim:	
	_	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		
	163	Other. Specify Medical Services	
4.22	St. Luke's University Health	Lock Adiato of passing number	\$2,524.74
4.22	Network Nonpriority Creditor's Name	Last 4 digits of account number	Ψ2,327.17
	,	When was the debt incurred? 2016	
	801 Ostrum St		
	Bethlehem, PA 18015-1000	A section data was file that also be able to Observe that are by	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical Services	

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4.23	Target	Last 4 digits of account number 9626	¢2 246 07
	Nonpriority Creditor's Name		\$2,216.87
	PO Box 660170	When was the debt incurred? 2014-2015	
	Dallas, TX 75266-0170		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card Debt	
4.24	Total Family Health Nonpriority Creditor's Name	Last 4 digits of account number 7732	\$155.14
	Nonphibitly Creditor's Name	When was the debt incurred? 06/2016	
	3050 Hamilton Blvd Ste 100		
	Allentown, PA 18103-3691 Number Street City State Zlp Code	An affile data you file the plate to Observe that seek	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	☐ Unliquidated	
	☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Services	
4.25	Verizon Nonpriority Creditor's Name	Last 4 digits of account number 0001	\$80.49
	resignating ordation of familia	When was the debt Incurred? 2015	
	PO Box 4003		
	Acworth, GA 30101-9004  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you life, the claim is. Office all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt	Dobligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	<b>■</b> No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Utility Bill	

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 McNeely, Robin Joy

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Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				 Total Claim	fig.
Total claims	6a.	Domestic support obligations	6a.	\$ 0.0	00
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.0	00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.0	00
	6 <b>d</b> .	Other. Add all other priority unsecured claims. Write that amount here.	6 <b>d</b> .	\$ 0.0	00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.0	00_
Total claims	6f.	Student loans	6f.	\$ Total Claim	00_
from Part 2	6g,	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.0	0
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.0	00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 40,173.9	9
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 40,173.9	9